CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

PENT OF ECONOMIC INTERESTS ACTICES COMMISSION COVER PAGE

Date Signed _

(month, day, year)

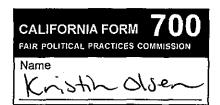
FEB 29 2012 h 11

Please type or print in ink.	2012 FEB 29 PM 3: 51		BY: DOW
NAME OF FILER	O\J-c~	ていまた	michele
. Office, Agency, or Co	ourt		
Agency Name California Division, Board, Department,	State Assembly District, if applicable	Your Position	
Assembly	District 25	Assemblyn	umber
9	ns, list below or on an attachment.	0	•
Agency:		Position:	
. Jurisdiction of Office	(Check at least one box)		
⊠ State		Judge or Court Commis	sioner (Statewide Jurisdiction)
Multi-County		County of	· · · · · · · · · · · · · · · · · · ·
City of		Other	<u> </u>
. Type of Statement (C	Check at least one box)		
December 31, 2	ered is January 1, 2011, through 2011.	Leaving Office: Date (Check one)	Left
The period coverage December 31, 2	ered is, through 2011.	O The period covered leaving office.	is January 1, 2011, through the date of
Assuming Office: Date	assumed	O The period covered the date of leaving	is, through office.
Candidate: Election Yea	or Office sought, if of	different than Part 1:	
Schedule Summary			
Check applicable schedules	or "None." ► Tot	al number of pages includi	ng this cover page:
Schedule A-1 - Investmen	nts - schedule attached	Schedule C - Income, Loans	, & Business Positions – schedule attached
Schedule A-2 - Investmen		Schedule D - Income - Gifts	
Schedule B - Real Prope	erty – schedule attached	Schedule E - Income - Gifts	- Travel Payments - schedule attached
	-or- None - <i>No reportable inte</i>	aracte on any echadula	
	None - No reportable fine	a esis on any schedule	
herein and in any attached sch	hedules is true and complete. I acknowledge	e this is	
I certify under penalty of per	rjury under the laws of the State of Califo	rnia th	
21	20/12		
Date Signed	メ7/1ム	Signat	

Signati

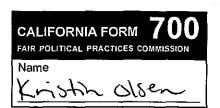
FPPC Form 700 (2011/2012)

SCHEDULE D Income - Gifts



				
► NAME OF SOURCE	11	NAME OF SOURCE	_	
Picayune Rancheria of the Chuckchansi Indians		Friends of the San Joaquin Valley		
ADDRESS (Business Address Acceptable)			s Address Acceptabl	
46575 Rd 417 Bldg C				200 , M/S WC 142
BUSINESS ACTIVITY, IF ANY, OF SOURCE			Y, IF ANY, OF SOU	RCE
Coarsegold,CA 95614		Fresno, Califo		
DATE (mm/dd/yy) VALUE DESCRIPTION ()F GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 11 _{\$} 272.06 Dinner,Cond	pert &Room	1 , 11 , 11	<u>\$ 100.00</u>	Dinner@Wine&Roses
\$			\$	
			\$	
► NAME OF SOURCE	▶	NAME OF SOURCE		
AgriBusiness Presidents Council		Southern Calif		
ADDRESS (Business Address Acceptable)	I I	•	s Address Acceptable	e)
2300 Rover Plaza Dr Suite 100		2244 Walnut C		<u>-</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE	1.1		Y, IF ANY, OF SOUR	RCE
Sacramento, CA 95833		Rosemead, C/		
DATE (mm/dd/yy) VALUE DESCRIPTION C	F GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11 s 229.74 Dinner @ T	ne Kitchen	2 <u>/ 19 / 11</u>	<u>\$_417.36</u>	Disney on Ice Tickets
			\$	
			\$	
► NAME OF SOURCE	<u> </u>]}►	NAME OF SOURCE	<u>:</u>	
Miller Coors		CA Citrus Mute		
ADDRESS (Business Address Acceptable)		ADDRESS (Business	s Address Acceptable	9)
411 East Wisconsin Ave	 _ .	512 North Kaw		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	11		Y, IF ANY, OF SOUP	RCE
Wilwaukee, WI 53202		Exeter, CA 93		
DATE (mm/dd/yy) VALUE DESCRIPTION C	F GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 1 / 11 s 54.49 Dinner	.	4 / 26 / 11	\$78.95	Dinner w/ Board
6 / 28 / 11 s 116.91 Beverages f			\$ <u>_</u> _	
8,24,11 ,1350 lung	<u> </u>		\$	
Comments:				

SCHEDULE D Income - Gifts



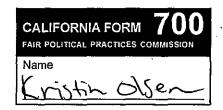
► NAME OF SOURCE	► NAME OF SOURCE
Amgen	Timber Products
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Amgen Center Dr	305 4th Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Thousand Oaks, CA 91320	Springfield, CA 97477
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5 17 11 s 250.00 Amgen Tent	5 , 19 , 11 _s 113.00 KARE Tour
► NAME OF SOURCE	► NAME OF SOURCE
Klamath Alliance for Resources & Environment	Matthew Swanson
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 1234	P.O. Box 2367
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Yreka, CA 96097	Turlock, CA 95381
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5 / 19 / 11 _{\$} 300.92 KARE Tour	1 , 10 , 11 s 108.51 Food & Beverages
	_
NAME OF SOURCE	NAME OF SOURCE
Sierra Pacific Industries	CA Veterans Benefit
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 496028	10311 Woodside Dr
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Redding, CA 96049	Forestville, CA 95436
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5 / 19 / 11 \$ 206.00 KARE Tour	6 / 22 / 11 s 200.00 Luncheon
	\$
Comments:	
·	

SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE
California Poultry Federation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4640 Spyres Way Suite 4	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Modesto, CA 95356	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3 / 8 / 11 s 225.06 Dinner@The Kitchen	
/ \$	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/ s	
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
s	\/ \$
Comments:	
	·

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE CA Dental Association ADDRESS (Business Address Acceptable)	NAME OF SOURCE
	ADDRESS (Business Address Acceptable)
1201 K Street, 14th FI	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel ■	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Spoke on Panel. Lodging and Meals	<u> </u>
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):// AMT: \$	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
	•
Comments:	

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Comments: __

SCHEDULE D Income - Gifts





1 , 8 , 11 s 272.06 DinnerConcert&Room 1 , 11 , 11 s 100.00 Dinner@Wine&R 1 , 11 s s 100.00 Dinner@Wine&R 1 , 11 , 11 s 10.00 Dinner@Wine&R 2		<u> </u>			
ADDRESS (Business Address Acceptable) 46575 Rd 417, bidg C, Coarsegold, CA 95614 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE	-	RCE .			NAME OF SOURCE
ADDRESS (Business Address Acceptable) 46575 Rd 417, bldg C, Coarsegold, CA 95614 Business Activity, if Any, of Source DATE (miniddlyy) VALUE DESCRIPTION OF GIFT(S) 1 , 8 , 11		he San Joaquin Valley	Picayune Rancheria of the Chuckchansi Indians		
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 , 8 , 11 , 272.06 DinnerConcert&Room 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 Southern California Edison ADDRESS (Business Address Acceptable) 2 244 Walnut Grove Ave, Rosemead, CA 91770 BUSINESS ACTIVITY, IF ANY, OF SOURCE generating, transmitting or selling energy DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 19 , 11 , 417.36 Disney on Ice Tic 2 , 19 , 11 , 417.36 Disney on Ice Tic 2 , 19 , 11 , 417.36 Disney on Ice Tic 3 , 1 , 11 , 54.49 Dinner 6 , 28 , 11 , 116.91 Beverages for Event 8 , 24 , 11 , 13.50 Lunch BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 10 , 100.00 Dinner@Wine&R 1 , 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 100.00 Dinner@Wine&R 2 11 , 11 , 11 , 10 , 100.00 Dinner@Wine&R 3 11 , 11 , 11 , 100.00 Dinner@Wine&R 4 11 , 11 , 11 , 100.		iness Address Acceptable)			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 8 ,11	93740	odrow Ave, MSWC142, Fresno, CA 9374	46575 Rd 417, bldg C, Coarsegold, CA 95614		
1 , 8 , 11 s 272.06 DinnerConcert&Room 1 , 11 , 11 s 100.00 Dinner@Wine&R 2 , 10 , 11 s 100.00 Dinner@Wine&R 1 , 11 , 11 s 100.00 Dinner@Wine&R 2		IVITY, IF ANY, OF SOURCE	JRCE	TY, IF ANY, OF SOU	BUSINESS ACTIVIT
1 , 8 , 11 s 272.06 DinnerConcert&Room 1 , 11 , 11 s 100.00 Dinner@Wine&R 2 , 10 , 11 s 100.00 Dinner@Wine&R 1 , 11 , 11 s 100.00 Dinner@Wine&R 2					
NAME OF SOURCE AgriBusiness Presidents Council ADDRESS (Business Acceptable) 2300 Rover Plaza Dr., Suite 100, SAC,CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE Miller Coors ADDRESS (Business Address Acceptable) 2 , 19 , 11 , 417.36 Disney on Ice Tic	FT(S)	y) VALUE DESCRIPTION OF GIFT(S)	DESCRIPTION OF GIFT(S)	VALUE	DATE (mm/dd/yy)
AgriBusiness Presidents Council ADDRESS (Business Address Acceptable) 2300 Rover Plaza Dr, Suite 100, SAC,CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11	Roses	1 100.00 Dinner@Wine&Roses	DinnerConcert&Room	\$272.06	1,8,11
AgriBusiness Presidents Council ADDRESS (Business Address Acceptable) 2300 Rover Plaza Dr, Suite 100, SAC,CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11				\$	
AgriBusiness Presidents Council ADDRESS (Business Address Acceptable) 2300 Rover Plaza Dr, Suite 100, SAC,CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11		_ \$		\$	
ADDRESS (Business Address Acceptable) 2300 Rover Plaza Dr, Suite 100, SAC,CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11		RCE			NAME OF SOURCE
2300 Rover Plaza Dr, Suite 100, SAC,CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11		alifornia Edison	uncil	Presidents Co.	AgriBusiness
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11		ness Address Acceptable)	nle)	ss Address Acceptab	ADDRESS (Busines
generating, transmitting or selling energy DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2	0	ut Grove Ave, Rosemead, CA 91770	100, SAC,CA 95833	laza Dr, Suite	2300 Rover P
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2 , 9 , 11 , 229.74 Dinner@The Kitchen 2 , 19 , 11 , 417.36 Disney on Ice Tice 3 , 1 , 11 , 54.49 Dinner Beverages for Event 6 , 28 , 11 , 116.91 Beverages for Event 8 , 24 , 11 , 13.50 Lunch DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) Statement Type 2 2011/2012 Annual Assuming Candidate 1 have used all reasonable diligence in preparing this statement reviewed this statement and to the best of my knowledge the infontained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any attached schedules is true and contained herein and in any atta		IVITY, IF ANY, OF SOURCE	IRCE	TY, IF ANY, OF SOU	BUSINESS ACTIVIT
2 , 9 , 11 s 229.74 Dinner@The Kitchen 2 , 19 , 11 s 417.36 Disney on Ice Tice ADDRESS (Business Address Acceptable) 411 E Wisconsin Ave, Milwaukee, WI 53202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3 , 1 , 11 s 54.49 Dinner 6 , 28 , 11 s 116.91 Beverages for Event 8 , 24 , 11 s 13.50 Lunch 2 , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice 2 , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice 2 , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 19 , 11 s 417.36 Disney on Ice Tice C , 10 , 11 s 417.36 Disney on Ice Tice C , 10 s , 10		transmitting or selling energy			,
Miller Coors ADDRESS (Business Address Acceptable) 411 E Wisconsin Ave, Milwaukee, WI 53202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3	-T(S)	v) VALUE DESCRIPTION OF GIFT(S)	DESCRIPTION OF GIFT(S)	VALUE	DATE (mm/dd/yy)
Miller Coors ADDRESS (Business Address Acceptable) 411 E Wisconsin Ave, Milwaukee, WI 53202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3 , 1 , 11	ickets	1 s 417.36 Disney on Ice Tickets	Dinner@The Kitchen	\$ <u>229.74</u>	2 , 9 , 11
Miller Coors ADDRESS (Business Address Acceptable) 411 E Wisconsin Ave, Milwaukee, WI 53202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3 , 1 , 11		_ \$		\$	
Miller Coors ADDRESS (Business Address Acceptable) 411 E Wisconsin Ave, Milwaukee, WI 53202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3 , 1 , 11		<u> </u>		\$	
ADDRESS (Business Address Acceptable) 411 E Wisconsin Ave, Milwaukee, WI 53202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3		ication		E	NAME OF SOURCE
ASSUMESS ACTIVITY, IF ANY, OF SOURCE Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3		existin Olson			Miller Coors
Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3			ile)	s Address Acceptabl	ADDRESS (Busines
Brewer of Beer & Malt Beverage Products DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3		state Assembly	ukee, WI 53202	sin Ave, Milwa	411 E Wiscon
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3					
I have used all reasonable diligence in preparing this statement reviewed this statement and to the best of my knowledge the inficontained herein and in any attached schedules is true and contained herein and in any a	_ Leaving		age Products	er & Malt Bever	Brewer of Bee
reviewed this statement and to the best of my knowledge the inficontained herein and in any attached schedules is true and contained herein and in any attache			DESCRIPTION OF GIFT(S)	VALUE	DATE (mm/dd/yy)
8,24,11 s 13.50 Lunch I certify under penalty of perjury under the laws of the California that the foregoing is true and correct. Date Signed 3/21/12	nformation	ement and to the best of my knowledge the informati	Dinner	\$54.49	3 , 1 , 11
8,24,11 s 13.50 Lunch Date Signed 3/21/12	•	penalty of perjury under the laws of the State	Beverages for Event	s116.91	6 , 28 , 11
			Lunch	s13.50	8,24,11
Filer's Signature					
rner's Signature					

2012 MAR 21 PM 2: 48

Comments: ___

SCHEDULE D Income – Gifts



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

		-,
NAME OF SOURCE		NAME OF SOURCE
CA Citrus Mutuai		Amgen
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)
512 North Kaweah Ave Exet		1 Amgen Center Dr, Thousand Oaks, CA 91320
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
		Global Biotechnology Company
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>4,26,11</u> _{\$} 78.95	Dinner w/ Board	5 , 17 , 11 s 250.00 Tour of CA Race
		//
/ \$	<u></u>	\$
► NAME OF SOURCE		► NAME OF SOURCE
Timber Products		Klamath Alliance for Resources & Environment
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business Address Acceptable)
305 4th Street, Springfield, C	R 97477	P.O. Box 1234, Yreka, CA 96097
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lumber and Wood Products		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5 , 19 , 11	KARE Tour	5 , 19 , 11 s 300.92 KARE Tour
		\$
\$		
► NAME OF SOURCE		Filer's Verification
Matthew Swanson		Print Name Kristin Olsen
ADDRESS (Business Address Acceptable	9)	
P.O. Box 2367, Turlock, CA	95381	Office, Agency State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE .	Statement Type 🗶 2011/2012 Annual 🗌 Assuming 🔲 Leaving
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	☐ (yr) Annual ☐ Candidate
1 , 10 , 11 s 108.51	Food & Beverages	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$		Date Signed 3/21/12
		Filer's Signature

2012 MAR 21 PM 2: 48

Comments:

SCHEDULE D FB Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

NAME OF COURSE	· · · · · · · · · · · · · · · · · · ·	1 NAME OF COURSE	
► NAME OF SOURCE Sierra Pacific Industries		NAME OF SOURCE CA Veterans Benefit	
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Act	•
P.O. Box 496028, Redding, CA 96049		10311 Woodside Dr, Fo	
BUSINESS ACTIVITY, IF ANY, OF SOUR	KCE	BUSINESS ACTIVITY, IF ANY, OF	- SOURCE
Forest Products Company	DECODING OF OUTTO	DITE (- WILL)	DECORPTION OF OUTTO
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
5 , 19 , 11	KARE Tour	6 ,22 ,11 \$ 200.	00 Luncheon
		\$	
		\$	
➤ NAME OF SOURCE		► NAME OF SOURCE	
California Poultry Federation	<u> </u>		
ADDRESS (Business Address Acceptable	•	ADDRESS (Business Address Acc	ceptable)
4640 Spyres Way Suite 4, Mo	odesto, CA 95356	lf	
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
3 , 8 , 11 s 225.06	Dinner@The Kitchen		
		/	
		\$	
► NAME OF SOURCE		Filer's Verification	Disa
ADDRESS (Business Address Acceptable	e)	Print Name KnStn	
BUSINESS ACTIVITY, IF ANY, OF SOUR	CCE	Office, Agency State	MOZEWPIA
	7-20-DDT-01-07-01-70	Statement Type 2011/2012	Annual Assuming Leaving nual Candidate
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	ייעט ייעט	nce in preparing this statement. I have
	,	reviewed this statement and to the	e best of my knowledge the information ched schedules is true and complete.
		I certify under penalty of perj	ury under the laws of the State of strue and correct.
\$		Date Signed 3/2	(month day year)
		Filer's Signature _	

2012 MAR 2 | PM 2: 48



SCHEDULE E

Income – Gifts EF Travel Payments, Advances, and Reimbursements CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

	1
NAME OF SOURCE	NAME OF SOURCE
CA Dental Association	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 2 , 3 , 11 , 2 , 4 , 11 AMT: \$ 374.13	DATE(S):/
TYPE OF PAYMENT: (must check one) 🗵 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Spoke on Panel, Lodging and Meals	-
Oppose of Franci, Eggging and Model	
NAME OF SOURCE	Filer's Verification
	Print Name Kinstin Olsen
ADDRESS (Business Address Acceptable)	
	Office, Agency State Assembly
CITY AND STATE	
	Statement Type 2011/2012 Annual Assuming Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annual Candidate
	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information
DATE(S):/	contained herein and in any attached schedules is true and complete.
(If gift)	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one) Gift Income	California that the foregoing is true and correct.
	1 Parts Simused 3/21/12
Made a Speech/Participated in a Panel	Date Signed (c)(1)
Other - Provide Description	
	Filer's Signature
	1 1
Comments:	